



HOUSE STAFF BENEFITS PLAN

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SUPPLEMENTAL OBSTETRICAL BENEFITS

Eligibility: HSBP employees including eligible dependents.

Maximum reimbursement allowed: The Plan will provide supplemental payment for basic obstetrical benefits reimbursed by your primary medical coverage. The supplemental payment for obstetrical benefits is up to \$1,000 per delivery and is not subject to any deductible. The Supplemental Obstetrical Benefit is calculated based on 20% of the primary carrier's reimbursement. Breast Pumps are payable at 100% under this benefit. In no way will the reimbursements be more than what was paid out of pocket.

Claim Submission Rules:

- Entire claim form must be completed in full by patient.
- A separate claim form must be submitted per patient.
- You must attach an Explanation of Benefits from your primary carrier as well as a paid receipt from the provider service. The paid receipt must include the dates of service, the services rendered and the charge for each service.
- All claims must be submitted to our office at the above-mentioned address within one year of the date of service. Claims submitted after one year will be denied.

Please complete the following:

Participant's Name: _____
(Last Name) (First Name)

Social Security No.: _____ Hospital where employed: _____

Home Address: _____

(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____

Patient's Name: _____
(Last Name) (First Name)

Relationship to participant: _____

Number of Explanations of Benefits (EOB's) attached: _____

Patient's Signature: _____ Date: _____